



10/27

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Smith et al.

Serial No.: 10/658,622

Filed: 09/09/2003

Title: Apparatus and Method For Reducing
the Risk of Decubitus Ulcers

Attorney Docket No.: 67179/03-655

Group Art Unit:

2632

Examiner:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Supplemental Information Disclosure Statement is submitted:

☐ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)

☒ under 37 CFR 1.97(c) together with either a:
☐ Statement under 37 CFR 1.97(e), or
☒ a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)

☐ under 37 CFR 1.97(d) together with a:
☐ Statement under 37 CFR 1.97(e), and
☐ a \$180.00 fee set forth in 37 CFR 1.17(p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation. Under the new waiver of the requirement of 37 CFR 1.98 (a)(2)(i), copies of the cited U.S. references are not being supplied with this Information Disclosure Statement and Form 1449.

11/03/2004 JADD01 00000003 060540 10658622

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Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

I hereby certify that this Correspondence is being deposited with the United States Postal service with sufficient postage for first class mail in an envelope address to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on the date indicated below.

Date of Deposit: 10-29-04

Typed Name: Carol Welch

Signature: Carol Welch



Terry L. Watt

Attorney/Agent for Applicant(s)

Reg. No. 42214

Date: October 27, 2004

Telephone No.: 918/599-0621



FORM PTO-1449 (Modified) SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary)	Attorney Docket No.: 67179/03-655	
	Applicant(s): SMITH, et al.	
	Title: Apparatus and method for reducing the risk of decubitus ulcers	
	Serial No.: 10/658,622	Filing Date: 09/09/2003
	Group: 2632	Examiner:

U.S. PATENT DOCUMENTS

Examiner Initials		Document No.	Date	Name	Class	Subclass
	AA	5,941,836	8/24/1999	Friedman	G01C	9/06
	AB	6,030,351	2/29/2000	Schmidt, et al.	A61B	5/00
	AC	6,014,346	1/11/2000	Malone	G04B	47/00
	AD					

FOREIGN PATENT DOCUMENTS

Examiner Initials		Document No.	Date	Name (Inventors)	Class	<u>Translation</u> Yes / No
	BA					


EXAMINER	DATE CONSIDERED

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance. Include copy of this form with next communication to applicant.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. PATENT AND TRADEMARK OFFICE NOV 02 2004 FREE TRANSMITTAL for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision.	Complete if Known		
	Application Number	10/658,622	
	Filing Date	09/09/2003	
	First Named Inventor	Smith, et al.	
	Examiner Name		
	Art Unit	2632	
<input checked="" type="checkbox"/> Significant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	67179/03-655
TOTAL AMOUNT OF PAYMENT		(\$ 180.00)	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 06-0540 Deposit Account Name: FELLERS, SNIDER, BLANKENSHIP, BAILEY & TIPPENS, P.C. The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																							
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Terry L. Watt	Registration No. (Attorney/Agent)	42214	Telephone	918/599-0621
Signature		Date			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.